

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. 2150

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY

Encl # 3

DP5-2662
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				(26,482.89)	
PAYMENT:		Use continuation sheet(s) if necessary					
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
					Total	(26,482.89)	

Shipped from

to

Weight

Government B/L No.

(Payee must NOT use this space)

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

Differences

Date 7/23/58

*Payee

certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) *EE*

Per

Title

Contract No.

A-101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title

Title _____

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____. Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the payee. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per

Title

STATOTHR

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020035-6

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Bureau Voucher for Purchases and
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 21 of Bureau Voucher No. 2150

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>Other Costs</u>					
		JV 028019				(1,853.55)	
		028060				98.85	
		028608				(87.63)	
		028609				(33.89)	
		038019				(2,058.92)	
		038060				13.72	
		048019				(4,231.48)	
		048060				86.92	
		058008				(104.80)	
		058060				51.24	
		058061				(74.86)	
		058608				(909.37)	
		058613				4.07	
		058661				(649.63)	
		068008				(2,452.50)	
		068060				14.63	
		068061				(1,751.78)	
		068015				4.20	
		068619				(14,842.91)	
						<u>\$ (28,777.69)</u>	

FORM STL - 660

WEEKLY DET	DISTR	DATE

3/16/58

[illegible]

5/18/58

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vender	GROSS	DISCOUNT	Tax Class	Cost Center	TR.	CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT						Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
99	05	15	8	RW-0164	39375		05	14	585					58	25	40	22	12501	5065	12	1		72000- 72000-** 72000-*** 72000-***
Continued to Sheet # 7																							

Continued to Sheet # 7

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

5/18/58

FORM STL - 660

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00660R000600020035-6

DATE _____

5/25/58

FORM STL - 660

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020035-6

Sheet #51

6/29/58

FORM STL - 660																								
BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax	Class	Cost	Element	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
33	06	24	8	27			06	24	352							5	2	40	22	12501	5065	21		1838
33	06	24	8	27	15125		06	24	352							5	2	40	22	12501	5065	21		510
33	06	24	8	27	15162		06	24	352							5	2	40	22	12501	5065	21		1160
37	06	25	8	1957	46072		07	18	1708							5	2	40	22	12501	5065	21	1	8505
																								12013 *
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Continued to Sheet # 7																								

7/13/58 .

		893 **
Sheet #1	24.43	
Sheet #2	< 720.007	
Sheet #3	600.00	
Sheet #4	5.35	
Sheet #5	120.13	
Sheet #6	75.23	
	114.07	